

**Note: This is sample
template it is
not an OMB
approved form.**

Universal 911 Dialing- Second Transition Report

Please read instructions before completing

Section 1

Carrier Identification Information

Parent Company Name

PIONEER TELEPHONE COOPERATIVE,INC

PIONEER TELEPHONE COOPERATIVE,INC

108 EAST ROBBERTS STREET -KINGFISHER,OKLAHOMA 73750

Service Provider Type

Wireless

X Wireline

Name(s) of Wireless License Holder(s)

Contact Name

JIM DIXON

405-375-0262

405-699-3075

JHDIXON@PTCI.COM

Section 2

Local Area 911 Implementation

List all individual local areas covered by this report (e.g., Lee County, Virginia):

ALFALFA COUNTY,OK

BECKHAM COUNTY,OKLAHOMA

BLAINE COUNTY,OKLAHOMA

CADDO COUNTY,OKLAHOMA

CANADIAN COUNTY,OKLAHOMA

COMANCHE COUNTY,OKLAHOMA

COTTON COUNTY,OKLAHOMA

CUSTER COUNTY,OKLAHOMA

DEWEY COUNTY,OKLAHOMA

ELLIS COUNTY,OKLAHOMA

GARFIELD COUNTY,OKLAHOMA

GRADY COUNTY,OKLAHOMA

GRANT COUNTY,OKLAHOMA

HARMON COUNTY,OKLAHOMA

HARPER COUNTY OKLAHOMA

JEFFERSON COUNTY,OKLAHOMA
KINGFISHER COUNTY,OKLAHOMA
LOGAN COUNTY,OKLAHOMA
MAJOR COUNTY,OKLAHOMA
MCCLAIN COUNTY OKLAHOMA
STEPHENS COUNTY,OKLAHOMA
TILLMAN COUNTY,OKLAHOMA
WASHITA COUNTY,OKLAHOMA
WOODS COUNTY,OKLAHOMA
WOODWARD COUNTY,OKLAHOMA

For each area listed above, identify the emergency response point to which calls are now being routed.

ALFALFA COUNTY SHERIFFS DEPT
BECKHAM COUNTY SHERIFFS DEPT
BLAINE COUNTY SHERIFFS DEPT
CADDO COUNTY SHERIFFS DEPT
CANADIAN COUNTY SHERIFFS DEPT & CITY OF ELRENO E911 PSAP
COMANCHE COUNTY E911 PSAP
COTTON COUNTY SHERIFFS DEPT
CUSTER COUNTY SHERIFFS DEPT
DEWEY COUNTY SHERIFFS DEPT
ELLIS COUNTY SHERIFFS DEPT
GARFIELD COUNTY SHERIFFS DEPT
GRADY COUNTY SHERIFFS DEPT
GRANT COUNTY SHERIFFS DEPT
HARMON COUNTY SHERIFFS DEPT
HARPER COUNTY SHERIFFS DEPT
JEFFERSON COUNTY SHERIFFS DEPT.
KINGFISHER COUNTY SHERIFFS DEPT.
LOGAN COUNTY SHERIFFS DEPT.
MAJOR COUNTY SHERIFFS DEPT.
MCCLAIN COUNTY SHERIFFS DEPT.
STEPHENS COUNTY SHERIFFS DEPT.
TILLMAN E911 PSAP
WASHITA COUNTY SHERIFFS DEPT.
WOODS COUNTY SHERIFFS DEPT.
WOODWARD COUNTY SHERIFFS DEPT.

Section 3

Certification - To be signed by an authorized representative of the reporting entity

I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and that the reporting entity has completed the steps necessary to properly route 911 emergency calls in the localities covered by the report as of _9/11/2002_____.

Signature JIM DIXON

Printed name of authorized representative JIM DIXON

Title E911 COORDINATOR

Date 9/24/2002

This filing is: ☒ original filing ☐ revised filing

PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.